Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 1 of 42

| United States Bankruptcy Court<br>Northern District of Illinois                                                                                                                                                                                                                                          |                                                                                                             |                                        |                                        |                                                  |                                                           |                                 | Voluntary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Petition            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|--------------------------------------------------|-----------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Name of Debtor (if individual, enter Last, First, Kowalski, Michael G                                                                                                                                                                                                                                    | Middle):                                                                                                    |                                        | Name                                   | of Joint De                                      | ebtor (Spouse                                             | ) (Last, First                  | , Middle):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):                                                                                                                                                                                                       |                                                                                                             |                                        |                                        |                                                  | used by the J<br>maiden, and                              |                                 | in the last 8 years<br>):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all)                                                                                                                                                                                                                          | yer I.D. (ITIN)/Com                                                                                         | plete EIN                              | Last for                               | our digits of than one, state                    | f Soc. Sec. or                                            | Individual-                     | Taxpayer I.D. (ITIN) No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | o./Complete EIN     |
| Street Address of Debtor (No. and Street, City, a 105 Twin Oaks Dr., #111                                                                                                                                                                                                                                | nd State):                                                                                                  |                                        | Street                                 | Address of                                       | Joint Debtor                                              | (No. and St                     | reet, City, and State):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| Joliet, IL                                                                                                                                                                                                                                                                                               | _                                                                                                           | ZIP Code                               | 4                                      |                                                  |                                                           |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ZIP Code            |
| County of Residence or of the Principal Place of Will                                                                                                                                                                                                                                                    |                                                                                                             | 60431                                  | Count                                  | y of Reside                                      | ence or of the                                            | Principal Pl                    | ace of Business:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| Mailing Address of Debtor (if different from stre                                                                                                                                                                                                                                                        | eet address):                                                                                               |                                        | Mailir                                 | g Address                                        | of Joint Debt                                             | or (if differe                  | nt from street address):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
|                                                                                                                                                                                                                                                                                                          | Γ                                                                                                           | ZIP Code                               | _                                      |                                                  |                                                           |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ZIP Code            |
| Location of Principal Assets of Business Debtor (if different from street address above):                                                                                                                                                                                                                |                                                                                                             |                                        |                                        |                                                  |                                                           |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Type of Debtor (Form of Organization) (Check one box)                                                                                                                                                                                                                                                    |                                                                                                             | of Business                            |                                        |                                                  | -                                                         | -                               | otcy Code Under Whice (Check one box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | :h                  |
| Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  □ Corporation (includes LLC and LLP)  □ Partnership  □ Other (If debtor is not one of the above entities, check this box and state type of entity below.)  Chapter 15 Debtors  Country of debtor's center of main interests: | ☐ Health Care Bu☐ Single Asset Rein 11 U.S.C. §☐ Railroad☐ Stockbroker☐ Commodity Bro☐ Clearing Bank☐ Other | siness<br>eal Estate as d<br>101 (51B) | efined                                 | Chapt Chapt Chapt Chapt Chapt Debts a            | er 7<br>er 9<br>er 11<br>er 12                            | Cof                             | hapter 15 Petition for Real a Foreign Main Proceed hapter 15 Petition for Real a Foreign Nonmain Proceed of Debts keys one box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eding<br>ecognition |
| Each country in which a foreign proceeding by, regarding, or against debtor is pending:                                                                                                                                                                                                                  | Debtor is a tax-ex<br>under Title 26 of<br>Code (the Interna                                                | the United State                       | es                                     | "incurr                                          | l in 11 U.S.C. §<br>ed by an indivi-<br>nal, family, or l | dual primarily<br>household pur | for<br>pose."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ess debts.          |
| ☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  ☐ De Check if: ☐ De are Check all                    |                                                                                                             |                                        |                                        | a small busing regate nonco \$2,490,925 (colors) | debtor as defin<br>ness debtor as d                       | lefined in 11 U                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| attach signed application for the court's considerati  Statistical/Administrative Information                                                                                                                                                                                                            | on. See Official Form 3                                                                                     | I LI Acc                               |                                        |                                                  | vere solicited pr<br>S.C. § 1126(b).                      |                                 | one or more classes of creases of |                     |
| Debtor estimates that funds will be available  Debtor estimates that, after any exempt prop there will be no funds available for distributi                                                                                                                                                              | erty is excluded and                                                                                        | administrative                         |                                        | es paid,                                         |                                                           | THIS                            | STACE IS FOR COURT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | USE ONE I           |
| 1- 50- 100- 200-                                                                                                                                                                                                                                                                                         | 1,000-<br>5,000 10,000                                                                                      |                                        | <b>]</b><br>5,001-<br>0,000            | 50,001-<br>100,000                               | OVER 100,000                                              |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| \$0 to \$50,001 to \$100,001 to \$500,001<br>\$50,000 \$100,000 \$500,000 to \$1<br>million                                                                                                                                                                                                              | \$1,000,001 \$10,000,001 to \$10 to \$50 million                                                            | to \$100 to                            | ]<br>100,000,001<br>0 \$500<br>nillion | \$500,000,001<br>to \$1 billion                  |                                                           |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| \$0 to \$50,001 to \$100,001 to \$500,001                                                                                                                                                                                                                                                                | \$1,000,001 \$10,000,001 to \$10 to \$50                                                                    |                                        | ]<br>100,000,001<br>0 \$500            | \$500,000,001 to \$1 billion                     |                                                           |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 2 of 42

Page 2 Name of Debtor(s): Voluntary Petition Kowalski, Michael G (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Judge: Relationship: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ John P. Carlin May 12, 2015 Signature of Attorney for Debtor(s) (Date) John P. Carlin 6277222 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. П Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

#### B1 (Official Form 1)(04/13)

## **Voluntary Petition**

(This page must be completed and filed in every case)

## Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Michael G Kowalski

Signature of Debtor Michael G Kowalski

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

May 12, 2015

Date

#### Signature of Attorney\*

X /s/ John P. Carlin

Signature of Attorney for Debtor(s)

John P. Carlin 6277222

Printed Name of Attorney for Debtor(s)

Chang & Carlin, LLP

Firm Name

1305 Remington Road

Suite C

Schaumburg, IL 60173

Address

Email: contactus@changandcarlin.com

847-843-8600 Fax: 847-843-8605

Telephone Number

May 12, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 $\mathbf{X}$ 

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s): Kowalski, Michael G

### Signatures

#### Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

X

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

## Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 4 of 42

B 1D (Official Form 1, Exhibit D) (12/09)

## United States Bankruptcy Court Northern District of Illinois

| In re | Michael G Kowalski |           | Case No. |   |
|-------|--------------------|-----------|----------|---|
|       |                    | Debtor(s) | Chapter  | 7 |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

# Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 5 of 42

| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.                                                                 | Page 2                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| mental deficiency so as to be incapable of refinancial responsibilities.);  □ Disability. (Defined in 11 U.S.C. § | § 109(h)(4) as impaired by reason of mental illness or alizing and making rational decisions with respect to \$109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or combat zone. |
| ☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in                  | administrator has determined that the credit counseling this district.                                                                                                                                                                          |
| I certify under penalty of perjury that the                                                                       | information provided above is true and correct.                                                                                                                                                                                                 |
| Signature of Debtor:                                                                                              | /s/ Michael G Kowalski Michael G Kowalski                                                                                                                                                                                                       |
| Date: May 12, 2015                                                                                                |                                                                                                                                                                                                                                                 |

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 6 of 42

B6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Michael G Kowalski |        | Case No |   |
|-------|--------------------|--------|---------|---|
| -     |                    | Debtor | -,      |   |
|       |                    |        | Chapter | 7 |
|       |                    |        | • -     |   |

## **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE                                                                | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---------------------------------------------------------------------------------|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property                                                               | Yes                  | 1                | 0.00              |             |          |
| B - Personal Property                                                           | Yes                  | 3                | 25,050.00         |             |          |
| C - Property Claimed as Exempt                                                  | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims                                            | Yes                  | 1                |                   | 7,201.00    |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 4                |                   | 33,047.01   |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors                                                                   | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 2                |                   |             | 2,921.96 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 2                |                   |             | 2,901.00 |
| Total Number of Sheets of ALL Schedu                                            | ıles                 | 17               |                   |             |          |
|                                                                                 | T                    | otal Assets      | 25,050.00         |             |          |
|                                                                                 |                      |                  | Total Liabilities | 40,248.01   |          |

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 7 of 42

B 6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Michael G Kowalski |        | Case No |   |  |
|-------|--------------------|--------|---------|---|--|
| -     |                    | Debtor |         |   |  |
|       |                    |        | Chapter | 7 |  |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability                                                                                                   | Amount |
|---------------------------------------------------------------------------------------------------------------------|--------|
| Domestic Support Obligations (from Schedule E)                                                                      | 0.00   |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)                                          | 0.00   |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00   |
| Student Loan Obligations (from Schedule F)                                                                          | 0.00   |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00   |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00   |
| TOTAL                                                                                                               | 0.00   |

#### State the following:

| Average Income (from Schedule I, Line 12)                                                      | 2,921.96 |
|------------------------------------------------------------------------------------------------|----------|
| Average Expenses (from Schedule J, Line 22)                                                    | 2,901.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 4,055.71 |

#### State the following:

|                                                                            |      | _         |
|----------------------------------------------------------------------------|------|-----------|
| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |      | 4,076.00  |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |           |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00      |
| 4. Total from Schedule F                                                   |      | 33,047.01 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 37,123.01 |

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 8 of 42

B6A (Official Form 6A) (12/07)

| In re | Michael G Kowalski | Case No. |  |
|-------|--------------------|----------|--|
| -     |                    | Debtor   |  |

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Wife, Joint, or Community

Nature of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Amount of Secured Claim

None

Sub-Total > 0.00 (Total of this page)

Total > 0.00

(Report also on Summary of Schedules)

## Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 9 of 42

B6B (Official Form 6B) (12/07)

| In re | Michael G Kowalski | Case No. |  |
|-------|--------------------|----------|--|
| -     |                    | Debtor   |  |

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property                                                                                                                                                                                                          | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1.  | Cash on hand                                                                                                                                                                                                              | Χ                |                                      |                                             |                                                                                                          |
| 2.  | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | frozer           | n- Standard Bank and trust           | -                                           | 0.00                                                                                                     |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.                                                                                                                                      | 105 M            | Management CCC                       | -                                           | 725.00                                                                                                   |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.                                                                                                                                          | Misc             | used household goods                 | -                                           | 900.00                                                                                                   |
| 5.  | Books, pictures and other art<br>objects, antiques, stamp, coin,<br>record, tape, compact disc, and<br>other collections or collectibles.                                                                                 | X                |                                      |                                             |                                                                                                          |
| 6.  | Wearing apparel.                                                                                                                                                                                                          | used             | clothing                             | -                                           | 300.00                                                                                                   |
| 7.  | Furs and jewelry.                                                                                                                                                                                                         | Χ                |                                      |                                             |                                                                                                          |
| 8.  | Firearms and sports, photographic, and other hobby equipment.                                                                                                                                                             | X                |                                      |                                             |                                                                                                          |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.                                                                                            | X                |                                      |                                             |                                                                                                          |
| 10. | Annuities. Itemize and name each issuer.                                                                                                                                                                                  | X                |                                      |                                             |                                                                                                          |
|     |                                                                                                                                                                                                                           |                  |                                      |                                             |                                                                                                          |
|     |                                                                                                                                                                                                                           |                  |                                      | Sub-Tota                                    | al > 1,925.00                                                                                            |

2 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 10 of 42

B6B (Official Form 6B) (12/07) - Cont.

| In re | Michael G Kowalski | Case No. |
|-------|--------------------|----------|
|       |                    |          |

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

|     | Type of Property                                                                                                                                                                                                                              | N<br>O<br>N<br>E | Description and Location of Property | Joint, O            | Debtor's Interest in Property, |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|---------------------|--------------------------------|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                      |                     |                                |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.                                                                                                                                                   | 401(k)           |                                      | -                   | 20,000.00                      |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.                                                                                                                                                                   | Х                |                                      |                     |                                |
| 14. | Interests in partnerships or joint ventures. Itemize.                                                                                                                                                                                         | X                |                                      |                     |                                |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.                                                                                                                                                            | Х                |                                      |                     |                                |
| 16. | Accounts receivable.                                                                                                                                                                                                                          | Χ                |                                      |                     |                                |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.                                                                                                                          | X                |                                      |                     |                                |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.                                                                                                                                                                | X                |                                      |                     |                                |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.                                                                            | X                |                                      |                     |                                |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.                                                                                                                          | X                |                                      |                     |                                |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.                                                                      | X                |                                      |                     |                                |
|     |                                                                                                                                                                                                                                               |                  |                                      | Sub-T               |                                |
|     |                                                                                                                                                                                                                                               |                  |                                      | (Total of this page | <del>(</del> 2)                |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 11 of 42

B6B (Official Form 6B) (12/07) - Cont.

| In re | Michael G Kowalski | Case No. |
|-------|--------------------|----------|
|       |                    | -,       |

Debtor

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property                                                                                                                                                                                                                                                                        | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.                                                                                                                                                                                                                 | Х                |                                      |                                             |                                                                                                           |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.                                                                                                                                                                                                                  | Х                |                                      |                                             |                                                                                                           |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |                                             |                                                                                                           |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.                                                                                                                                                                                                                      | 20               | 009 Pontiac G6 CT 147,643 miles      | -                                           | 3,125.00                                                                                                  |
| 26. | Boats, motors, and accessories.                                                                                                                                                                                                                                                         | Χ                |                                      |                                             |                                                                                                           |
| 27. | Aircraft and accessories.                                                                                                                                                                                                                                                               | Χ                |                                      |                                             |                                                                                                           |
| 28. | Office equipment, furnishings, and supplies.                                                                                                                                                                                                                                            | Χ                |                                      |                                             |                                                                                                           |
| 29. | Machinery, fixtures, equipment, and supplies used in business.                                                                                                                                                                                                                          | Χ                |                                      |                                             |                                                                                                           |
| 30. | Inventory.                                                                                                                                                                                                                                                                              | Χ                |                                      |                                             |                                                                                                           |
| 31. | Animals.                                                                                                                                                                                                                                                                                | Χ                |                                      |                                             |                                                                                                           |
| 32. | Crops - growing or harvested. Give particulars.                                                                                                                                                                                                                                         | Χ                |                                      |                                             |                                                                                                           |
| 33. | Farming equipment and implements.                                                                                                                                                                                                                                                       | Χ                |                                      |                                             |                                                                                                           |
| 34. | Farm supplies, chemicals, and feed.                                                                                                                                                                                                                                                     | Χ                |                                      |                                             |                                                                                                           |
| 35. | Other personal property of any kind not already listed. Itemize.                                                                                                                                                                                                                        | X                |                                      |                                             |                                                                                                           |

Sub-Total > 3,125.00 (Total of this page)

Total > 25,050.00

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 12 of 42

B6C (Official Form 6C) (4/13)

| In re | Michael G Kowalski |        | Case No. |  |
|-------|--------------------|--------|----------|--|
| •     |                    | Debtor | ,        |  |

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds                         |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|
| (Check one box)                                                 | \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte |
| □ 11 U.S.C. §522(b)(2)                                          | with respect to cases commenced on or after the date of adjustment.)                |
| ■ 11 U.S.C. §522(b)(3)                                          |                                                                                     |

| Description of Property                                                               | Specify Law Providing<br>Each Exemption   | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|---------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------|-------------------------------------------------------------|
| Security Deposits with Utilities, Landlords, and Others 105 Management CCC            | 735 ILCS 5/12-1001(b)                     | 725.00                           | 725.00                                                      |
| Household Goods and Furnishings Misc used household goods                             | 735 ILCS 5/12-1001(b)                     | 900.00                           | 900.00                                                      |
| Wearing Apparel used clothing                                                         | 735 ILCS 5/12-1001(a)                     | 300.00                           | 300.00                                                      |
| Interests in IRA, ERISA, Keogh, or Other Pension or P 401(k)                          | rofit Sharing Plans<br>735 ILCS 5/12-1006 | 100%                             | 20,000.00                                                   |
| Automobiles, Trucks, Trailers, and Other Vehicles<br>2009 Pontiac G6 CT 147,643 miles | 735 ILCS 5/12-1001(c)                     | 2,400.00                         | 3,125.00                                                    |

Total: 24,325.00 25,050.00

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 13 of 42

B6D (Official Form 6D) (12/07)

| In re | Michael G Kowalski | Case No |  |
|-------|--------------------|---------|--|
|       |                    | Debtor  |  |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu<br>H<br>W<br>J<br>C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN | CONTINGEN | UNLLQUIDA   | E | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|------------------------------------------------------------------------------------------------------|-----------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|---|----------------------------------------------------------------------|---------------------------------|
| Account No. xxxxxxx0001                                                                              |                 |                        | Opened 8/21/12 Last Active 3/23/15                                                                                                   | Т         | ATED        |   |                                                                      |                                 |
| Kinecta Federal Credit Union<br>Attn: Bankruptcy<br>Po Box 10003<br>Manhattan Beach, CA 90266        |                 | -                      | PSI- Automobile 2009 Pontiac G6 CT 147,643 miles                                                                                     |           |             |   |                                                                      |                                 |
|                                                                                                      | -               | ┝                      | Value \$ 3,125.00                                                                                                                    | +         |             | Н | 7,201.00                                                             | 4,076.00                        |
| Account No.                                                                                          |                 |                        | Value \$                                                                                                                             |           |             |   |                                                                      |                                 |
|                                                                                                      |                 |                        | Value \$                                                                                                                             |           |             |   |                                                                      |                                 |
| Account No.                                                                                          |                 |                        |                                                                                                                                      |           |             |   |                                                                      |                                 |
|                                                                                                      |                 | L                      | Value \$                                                                                                                             |           |             |   |                                                                      |                                 |
| continuation sheets attached                                                                         |                 |                        | (Total of                                                                                                                            | Subt      |             |   | 7,201.00                                                             | 4,076.00                        |
|                                                                                                      |                 |                        | (Report on Summary of S                                                                                                              |           | ota<br>lule |   | 7,201.00                                                             | 4,076.00                        |

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 14 of 42

B6E (Official Form 6E) (4/13)

| •     |                    |          |
|-------|--------------------|----------|
| In re | Michael G Kowalski | Case No. |
| -     |                    | Debtor   |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| total also on the Statistical Summary of Certain Liabilities and Related Data.                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.                                                                                                                                                                                                                                                                                       |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)                                                                                                                                                                                                                                                                       |
| ☐ Domestic support obligations                                                                                                                                                                                                                                                                                                                                                                    |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).                                                                           |
| ☐ Extensions of credit in an involuntary case                                                                                                                                                                                                                                                                                                                                                     |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).                                                                                                                                                                       |
| ☐ Wages, salaries, and commissions                                                                                                                                                                                                                                                                                                                                                                |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans                                                                                                                                                                                                                                                                                                                                                         |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).                                                                                                                                                       |
| ☐ Certain farmers and fishermen                                                                                                                                                                                                                                                                                                                                                                   |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).                                                                                                                                                                                                                                                        |
| ☐ Deposits by individuals                                                                                                                                                                                                                                                                                                                                                                         |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).                                                                                                                                                                                  |
| ☐ Taxes and certain other debts owed to governmental units                                                                                                                                                                                                                                                                                                                                        |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).                                                                                                                                                                                                                                                                 |
| ☐ Commitments to maintain the capital of an insured depository institution                                                                                                                                                                                                                                                                                                                        |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).                                                                                          |
| ☐ Claims for death or personal injury while debtor was intoxicated                                                                                                                                                                                                                                                                                                                                |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).                                                                                                                                                                                          |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 15 of 42

B6F (Official Form 6F) (12/07)

| In re | Michael G Kowalski | Case No |
|-------|--------------------|---------|
| -     |                    | Debtor  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,                                                                  | C        | Н           | usband, Wife, Joint, or Community   |                   | C        | U            | D        |                 |
|-----------------------------------------------------------------------------------|----------|-------------|-------------------------------------|-------------------|----------|--------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  | CODEBTOR | C<br>A<br>M | CONSIDERATION FOR CLAIM. IF C       | CLAIM             | NTINGENT | UNLIQUIDATED | ISPUTED  | AMOUNT OF CLAIM |
| Account No. 9715                                                                  |          |             | 2002<br>auto                        |                   | Ť        | TE           |          |                 |
| Americredit<br>P.O. Box 78143<br>Phoenix, AZ 85062                                |          | -           | auto                                |                   |          | D            |          | 100.00          |
| Account No. xxxxxxxxxxxx6107                                                      |          |             | Opened 6/01/11 Last Active 12/27/13 |                   |          |              |          |                 |
| Cap1/bstby                                                                        |          | -           | Charge Account                      |                   |          |              |          | 1,052.00        |
| Account No. xxxxxxxxxxxx8717                                                      | +        | ╁           | Opened 10/01/12 Last Active 2/21/14 |                   |          |              | $\vdash$ | 1,032.00        |
| Capital 1 Bank Attn: General Correspondence Po Box 30285 Salt Lake City, UT 84130 |          | -           | Credit Card                         |                   |          |              |          | 522.00          |
| Account No. xxxxxxxxxxx5636                                                       | 1        | T           | Opened 10/01/10 Last Active 2/21/14 |                   |          |              |          |                 |
| Capital One<br>Attn: Bankruptcy<br>Po Box 30285<br>Salt Lake City, UT 84130       |          | -           | Credit Card                         |                   |          |              |          | 483.00          |
| _3 continuation sheets attached                                                   |          | <u> </u>    |                                     | S<br>(Total of th |          | tota<br>pag  |          | 2,157.00        |

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 16 of 42

B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael G Kowalski | Case No |  |
|-------|--------------------|---------|--|
| -     |                    | Debtor  |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,                                                                              | C        | Hu          | sband, Wife, Joint, or Community                                                                    | C          | U            | D   |                 |
|-----------------------------------------------------------------------------------------------|----------|-------------|-----------------------------------------------------------------------------------------------------|------------|--------------|-----|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)              | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | COXH-ZGEZH | UNLIGUIDATED |     | AMOUNT OF CLAIM |
| Account No. 9715                                                                              |          |             | 2015                                                                                                | ] ⊤ [      | T<br>E       |     |                 |
| Cash Store<br>1701 N Larkin Ave<br>#901<br>Crest Hill, IL 60403                               |          | -           | payday loan                                                                                         |            | D            |     | 1,000.00        |
| Account No. xxxxxxxxxxx4980                                                                   |          |             | Opened 2/01/12 Last Active 12/29/13                                                                 |            |              |     |                 |
| Chase Card<br>Po Box 15298<br>Wilmington, DE 19850                                            |          | -           | Credit Card                                                                                         |            |              |     | 2,011.00        |
| Account No. xxxxxxxxxxx7773                                                                   | ╁        | H           | Opened 9/01/11 Last Active 10/01/13                                                                 | $\vdash$   | H            | ┢   |                 |
| Discover Fin Svcs Llc<br>Po Box 15316<br>Wilmington, DE 19850                                 |          | -           | Credit Card                                                                                         |            |              |     | 4,130.00        |
| Account No. xxxxx4743                                                                         |          | T           | Opened 8/01/10 Last Active 8/27/12                                                                  | Т          |              | Г   |                 |
| Gm Financial<br>Po Box 181145<br>Arlington, TX 76096                                          |          | -           | Automobile                                                                                          |            |              |     | 0.00            |
| Account No. xxxx2146                                                                          | Ī        |             | Opened 1/01/15                                                                                      |            |              |     |                 |
| Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477 |          | -           | Collection Attorney Joliet Radiological Service C                                                   |            |              |     | 65.00           |
| Sheet no1 of _3 sheets attached to Schedule of                                                |          | •           | S                                                                                                   | Subt       | ota          | 1   | 7,206.00        |
| Creditors Holding Unsecured Nonpriority Claims                                                |          |             | (Total of t                                                                                         | his        | pag          | re) | 1,200.00        |

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 17 of 42

B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael G Kowalski | Case No |  |
|-------|--------------------|---------|--|
| -     |                    | Debtor  |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|                                                                                                   | <u> </u> | L.,.             | about Mills Island as Community                                                               | To          | l   | L        | <u> </u>        |
|---------------------------------------------------------------------------------------------------|----------|------------------|-----------------------------------------------------------------------------------------------|-------------|-----|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTLNGEN   | I Q | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxx1131                                                                       |          |                  | Opened 5/01/13 Last Active 1/31/15                                                            | ٦           | E   |          |                 |
| Onemain<br>Po Box 499<br>Hanover, MD 21076                                                        |          | -                | Unsecured                                                                                     |             |     |          | 12,083.00       |
| Account No. xxxxxxxxxxx4975                                                                       |          |                  | Opened 5/10/13 Last Active 2/27/15                                                            |             |     |          |                 |
| Onemain Fi<br>Po Box 499<br>Hanover, MD 21076                                                     |          | -                | Unsecured                                                                                     |             |     |          | 9,383.00        |
| Account No. 5126  Presence Saint Joseph Medical Cente 333 N Madison Joliet, IL 60435              |          | -                | 2015<br>medical                                                                               |             |     |          |                 |
|                                                                                                   |          |                  |                                                                                               |             |     |          | 1,429.85        |
| Account No. 2756  Southwest Infectious Disease 1051 Essington Rd Suite 210 Joliet, IL 60435       |          | -                | 2015<br>medical                                                                               |             |     |          | 453.16          |
| Account No. xxxx9881  Stellar Recovery Inc 4500 Salisbury Rd Ste 10 Jacksonville, FL 32216        |          | -                | Opened 12/01/14<br>Collection Attorney Comcast                                                |             |     |          |                 |
|                                                                                                   |          |                  |                                                                                               |             |     | <u> </u> | 335.00          |
| Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims    |          |                  | (Total of                                                                                     | Sub<br>this |     |          | 23,684.01       |

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 18 of 42

B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael G Kowalski | Case No |  |
|-------|--------------------|---------|--|
|       |                    | Debtor  |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,                                | CODEBTOR | Hu       | sband, Wife, Joint, or Community                | CONTINGENT | U    | DISPUTED |                 |
|-------------------------------------------------|----------|----------|-------------------------------------------------|------------|------|----------|-----------------|
| MAILING ADDRESS                                 | Ď        | н        | DATE OF A DAMAG DIGUIDADED AND                  | Ň          | Ľ    | s        |                 |
| INCLUDING ZIP CODE,                             | E        | w        | DATE CLAIM WAS INCURRED AND                     | I,T        | L    | l P      |                 |
| AND ACCOUNT NUMBER                              | ĬŤ       | J        | CONSIDERATION FOR CLAIM. IF CLAIM               | N          | ŭ    | ĬΤ       | AMOUNT OF CLAIM |
| (See instructions above.)                       | O<br>R   | С        | IS SUBJECT TO SETOFF, SO STATE.                 | I G        | ΙL   | ΙĒ       |                 |
|                                                 | Ë        | ┡        |                                                 | Ņ          | Ā    | -        |                 |
| Account No. xx xx 6714                          |          |          | 2014                                            | Ι'         | Ė    |          |                 |
|                                                 |          |          | garnishment                                     | $oxed{L}$  | D    |          | ]               |
| Weltman Weinberg & Reis                         |          |          | Attorney for the plaintiff Discover.notice only |            |      |          |                 |
| 180 N. LaSalle St.                              |          | _        |                                                 |            |      |          |                 |
| Suite 2400                                      |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
| Chicago, IL 60601                               |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          | 0.00            |
| A NT-                                           | ╁        | ┢        |                                                 | +          | H    | +        |                 |
| Account No.                                     |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
| Account No.                                     |          |          |                                                 | Г          |      | Т        |                 |
| 120000001101                                    | ł        |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 | ┖        | ┖        |                                                 | ┖          | ┖    | ┺        |                 |
| Account No.                                     |          |          |                                                 |            |      |          |                 |
|                                                 | 1        |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
|                                                 | 1        |          |                                                 | 1          |      |          |                 |
| Account No.                                     | ✝        | $\vdash$ |                                                 | $\vdash$   |      | $\vdash$ |                 |
| Account No.                                     | 1        |          |                                                 | 1          |      |          |                 |
|                                                 | 1        |          |                                                 | 1          |      |          |                 |
|                                                 | 1        |          |                                                 | 1          |      |          |                 |
|                                                 | 1        |          |                                                 | 1          |      |          |                 |
|                                                 | 1        |          |                                                 | 1          |      |          |                 |
|                                                 | 1        |          |                                                 | 1          |      |          |                 |
|                                                 | 1        |          |                                                 | 1          |      |          |                 |
|                                                 |          |          |                                                 |            |      |          |                 |
| Sheet no. 3 of 3 sheets attached to Schedule of |          |          | 9                                               | Subt       | tota | ıl       | _               |
| Creditors Holding Unsecured Nonpriority Claims  |          |          | (Total of t                                     |            |      |          | 0.00            |
| Creditors froming onsecured Nonphorny Claims    |          |          | (Total of t                                     |            |      |          |                 |
|                                                 |          |          |                                                 | Τ          | ota  | al       |                 |
|                                                 |          |          | (Report on Summary of So                        | hed        | lule | es)      | 33,047.01       |
|                                                 |          |          | (Report on Summary of Se                        |            |      | ,        |                 |

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 19 of 42

B6G (Official Form 6G) (12/07)

| In re | Michael G Kowalski | Case No. |
|-------|--------------------|----------|
| -     |                    | , Debtor |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 20 of 42

B6H (Official Form 6H) (12/07)

| In re | Michael G Kowalski | Case No. |  |
|-------|--------------------|----------|--|
| -     |                    | Debtor , |  |
|       |                    | Debioi   |  |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

# Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 21 of 42

| E-11-          | to the defendant of the state of                                                                                            |                            |                   |                |         |      | 1             |                               |              |                        |           |  |
|----------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|----------------|---------|------|---------------|-------------------------------|--------------|------------------------|-----------|--|
|                | in this information to identify your c                                                                                      |                            |                   |                |         |      |               |                               |              |                        |           |  |
| Det            | otor 1 Michael G Ko                                                                                                         | owalski                    |                   |                |         | _    |               |                               |              |                        |           |  |
|                | otor 2                                                                                                                      |                            |                   |                |         |      |               |                               |              |                        |           |  |
| Uni            | ted States Bankruptcy Court for the                                                                                         | : NORTHERN DISTRIC         | CT OF ILL         | INOIS          |         |      |               |                               |              |                        |           |  |
|                | se number<br>nown)                                                                                                          |                            | -                 |                |         |      | ☐ An<br>☐ A s |                               | nt showing   | g post-petitio         |           |  |
| O <sup>.</sup> | fficial Form B 6I                                                                                                           |                            |                   |                |         |      |               |                               |              | niowing date.          |           |  |
|                | chedule I: Your Inc                                                                                                         | ome                        |                   |                |         |      | MIV           | 1 / DD/ Y                     | YYY          |                        | 12/13     |  |
| spo<br>atta    | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | ır spouse is not filing w  | ith you, d        | o not include  | infor   | mati | on about y    | your spo                      | ouse. If mo  | ore space is           | needed,   |  |
| 1.             | Fill in your employment information.                                                                                        |                            | Debtor            | 1              |         |      |               | Debtor 2 or non-filing spouse |              |                        |           |  |
|                | If you have more than one job,                                                                                              | Employment status          | ■ Emp             | oloyed         |         |      |               | ☐ Employed                    |              |                        |           |  |
|                | attach a separate page with<br>information about additional<br>employers.                                                   |                            | ☐ Not o           | employed       |         |      |               | ☐ Not er                      | nployed      |                        |           |  |
|                | Include part-time, seasonal, or                                                                                             | Occupation                 | Superv            | /isor          |         |      |               |                               |              |                        |           |  |
|                | self-employed work.                                                                                                         | Employer's name            | Incon             |                |         |      |               |                               |              |                        |           |  |
|                | Occupation may include student or homemaker, if it applies.                                                                 | Employer's address         | 970 Do<br>Batavia |                |         |      |               |                               |              |                        |           |  |
|                |                                                                                                                             | How long employed t        | here?             | 5 years        |         |      |               |                               |              |                        |           |  |
| Par            | t 2: Give Details About Mor                                                                                                 | nthly Income               |                   |                |         |      |               |                               |              |                        |           |  |
|                | mate monthly income as of the duse unless you are separated.                                                                | ate you file this form. If | you have          | nothing to rep | ort for | any  | line, write   | \$0 in the                    | space. In    | clude your no          | on-filing |  |
| •              | u or your non-filing spouse have mees space, attach a separate sheet to                                                     |                            | ombine the        | e information  | for all | empl | oyers for th  | hat perso                     | on on the li | ines below. If         | you need  |  |
|                |                                                                                                                             |                            |                   |                |         |      | For Debte     | or 1                          |              | otor 2 or<br>ng spouse |           |  |
| 2.             | List monthly gross wages, sala deductions). If not paid monthly,                                                            |                            |                   |                | 2.      | \$   | 4,0           | 29.70                         | \$           | N/A                    |           |  |
| 3.             | Estimate and list monthly overt                                                                                             | ime pay.                   |                   |                | 3.      | +\$  |               | 0.00                          | +\$          | N/A                    |           |  |
| 4.             | Calculate gross Income. Add lin                                                                                             | ne 2 + line 3.             |                   |                | 4.      | \$   | 4,029         | 9.70                          | \$           | N/A                    |           |  |

# Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 22 of 42

| Debt | tor 1         | Michael G Kowalski                                                                                                                                                                                                                                                      | _               | Case | number (if known) |       |                               |
|------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------|-------------------|-------|-------------------------------|
|      |               |                                                                                                                                                                                                                                                                         |                 | Fo   | r Debtor 1        |       | Debtor 2 or<br>-filing spouse |
|      | Сор           | y line 4 here                                                                                                                                                                                                                                                           | 4.              | \$   | 4,029.70          | \$    | N/A                           |
| 5.   | List          | all payroll deductions:                                                                                                                                                                                                                                                 |                 |      |                   |       |                               |
|      | 5a.           | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                           | 5a.             | \$   | 836.40            | \$    | N/A                           |
|      | 5b.           | Mandatory contributions for retirement plans                                                                                                                                                                                                                            | 5b.             | \$   | 0.00              | \$    | N/A                           |
|      | 5c.           | Voluntary contributions for retirement plans                                                                                                                                                                                                                            | 5c.             | \$   | 201.49            | \$    | N/A                           |
|      | 5d.           | Required repayments of retirement fund loans                                                                                                                                                                                                                            | 5d.             | \$   | 0.00              | \$    | N/A                           |
|      | 5e.           | Insurance                                                                                                                                                                                                                                                               | 5e.             | \$   | 69.85             | \$    | N/A                           |
|      | 5f.           | Domestic support obligations                                                                                                                                                                                                                                            | 5f.             | \$   | 0.00              | \$    | N/A                           |
|      | 5g.           | Union dues                                                                                                                                                                                                                                                              | 5g.             | \$   | 0.00              | \$    | N/A                           |
|      | 5h.           | Other deductions. Specify:                                                                                                                                                                                                                                              | 5h.+            | \$   | 0.00              | + \$  | N/A                           |
| 6.   | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                              | 6.              | \$   | 1,107.74          | \$    | N/A                           |
| 7.   | Calc          | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                        | 7.              | \$   | 2,921.96          | \$    | N/A                           |
| 8.   | List<br>8a.   | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total               |                 |      |                   |       |                               |
|      |               | monthly net income.                                                                                                                                                                                                                                                     | 8a.             | \$   | 0.00              | \$    | N/A                           |
|      | 8b.           | Interest and dividends                                                                                                                                                                                                                                                  | 8b.             | \$   | 0.00              | \$    | N/A                           |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                       | <b>t</b><br>8c. | \$_  | 0.00              | \$    | N/A                           |
|      | 8d.           | Unemployment compensation                                                                                                                                                                                                                                               | 8d.             | \$   | 0.00              | \$    | N/A                           |
|      | 8e.           | Social Security                                                                                                                                                                                                                                                         | 8e.             | \$_  | 0.00              | \$    | N/A                           |
|      | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8f.             | \$_  | 0.00              | \$    | N/A_                          |
|      | 8g.           | Pension or retirement income                                                                                                                                                                                                                                            | 8g.             | \$_  | 0.00              | \$    | N/A                           |
|      | 8h.           | Other monthly income. Specify:                                                                                                                                                                                                                                          | 8h.+            | \$_  | 0.00              | + \$_ | N/A                           |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                    | 9.              | \$   | 0.00              | \$    | N/A                           |
| 10   | Calc          | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                             | 10. \$          |      | 2,921.96 + \$     |       | N/A = \$ 2,921.96             |
| 10.  |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                  | 10.  Ψ          |      | Σ,921.90 + ψ_     |       | - IV/A - Ψ 2,921.90           |
| 11.  | Inclu<br>othe | e all other regular contributions to the expenses that you list in Scheduloude contributions from an unmarried partner, members of your household, you refriends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:    | ır depen        |      |                   |       | Schedule J.<br>11. +\$ 0.00   |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certains                                                                                                                 |                 |      |                   |       | 12. \$ 2,921.96  Combined     |
| 12   | Do            | ou expect an increase or decrease within the year after you file this form                                                                                                                                                                                              | 12              |      |                   |       | monthly income                |
| 13.  | <b>5</b> 0 )  | ou expect an increase or decrease within the year after you file this form                                                                                                                                                                                              | 1:              |      |                   |       |                               |
|      | _             | Yes Explain:                                                                                                                                                                                                                                                            |                 |      |                   |       |                               |

# Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 23 of 42

| Fill        | in this inform           | ation to identify y                   | our case:                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              |                                           |      |
|-------------|--------------------------|---------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|----------------------------------------------|-------------------------------------------|------|
| Deb         | tor 1                    | Michael G Ko                          | owalski                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Ch  | neck if this is:                             |                                           |      |
|             |                          | Wildridge C 14                        | ywaioiti                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              |                                           |      |
|             | tor 2                    |                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              | wing post-petition chap                   | ter  |
| (Spc        | ouse, if filing)         |                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     | 13 expenses as of                            | the following date:                       |      |
| Unite       | ed States Bank           | cruptcy Court for the                 | NORTH                      | IERN DISTRICT OF ILLIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OIS                                     |     | MM / DD / YYYY                               |                                           |      |
|             | e number<br>nown)        |                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     | A separate filing for 2 maintains a separate | or Debtor 2 because De<br>arate household | btor |
| Of          | fficial Fo               | orm B 6J                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              |                                           |      |
| Sc          | chedule                  | J: Your                               | Expen                      | ises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |     |                                              | 1                                         | 2/13 |
| info<br>nun | ormation. If r           | more space is ne<br>wn). Answer eve   | eeded, atta<br>ry question | . If two married people and the control of the cont |                                         |     |                                              |                                           |      |
| Pari        | t 1: Desc                | ribe Your House                       | ehold                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              |                                           |      |
| ••          | ■ No. Go t               |                                       | in a separ                 | ate household?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |     |                                              |                                           |      |
|             |                          |                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              |                                           |      |
|             |                          |                                       | st file a sep              | parate Schedule J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |     |                                              |                                           |      |
| 2.          | Do you hav               | ve dependents?                        | ■ No                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              |                                           |      |
|             | Do not list I and Debtor |                                       | ☐ Yes.                     | Fill out this information for each dependent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dependent's relation Debtor 1 or Debtor |     | Dependent's<br>age                           | Does dependent live with you?             |      |
|             | Do not state             | e the                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     | <u> </u>                                     | □ No                                      |      |
|             | dependents               | s' names.                             |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              | Yes                                       |      |
|             |                          |                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              | □ No                                      |      |
|             |                          |                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              | ☐ Yes<br>☐ No                             |      |
|             |                          |                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              | ☐ No<br>☐ Yes                             |      |
|             |                          |                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              | □ No                                      |      |
|             |                          |                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              | ☐ Yes                                     |      |
| 3.          |                          | penses include                        |                            | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |     |                                              |                                           |      |
|             |                          | of people other t<br>nd your depende  |                            | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |     |                                              |                                           |      |
|             | yoursen ar               | ia your acpenae                       | 111.3                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              |                                           |      |
| Par         |                          | nate Your Ongo                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d. t                                    |     |                                              |                                           | -4   |
| exp         |                          | a date after the                      |                            | uptcy filing date unless y<br>y is filed. If this is a supp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |     |                                              |                                           |      |
| the         | value of suc             | ch assistance an                      |                            | government assistance i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |     | Your exp                                     | enses                                     |      |
| (UII        | ficial Form 6            | n. <i>)</i>                           |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              |                                           |      |
| 4.          |                          | or home owners<br>and any rent for th |                            | ses for your residence. I<br>or lot.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nclude first mortgage                   | 4.  | \$                                           | 745.00                                    |      |
|             | If not inclu             | ded in line 4:                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |     |                                              |                                           |      |
|             | 4a. Real                 | estate taxes                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 4a. | \$                                           | 0.00                                      |      |
|             |                          | erty, homeowner'                      | s, or renter               | 's insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | 4b. |                                              | 0.00                                      |      |
|             |                          |                                       | •                          | upkeep expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 4c. |                                              | 50.00                                     |      |
| _           |                          | eowner's associa                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and a manufer, to one                   | 4d. | · ·                                          | 0.00                                      |      |
| 5.          | Additional               | mortgage paym                         | ents for vo                | our residence, such as ho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | me equity loans                         | 5.  | D                                            | 0.00                                      |      |

# Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 24 of 42

| Deb | otor 1  | Michael C     | G Kowalski                                                                                                                                           | Case num       | ber (if known)    |                             |
|-----|---------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------------------|
| 6.  | Utiliti | ies:          |                                                                                                                                                      |                |                   |                             |
| ٥.  | 6a.     |               | heat, natural gas                                                                                                                                    | 6a.            | \$                | 295.00                      |
|     | 6b.     | -             | wer, garbage collection                                                                                                                              | 6b.            | \$                | 50.00                       |
|     | 6c.     |               | e, cell phone, Internet, satellite, and cable services                                                                                               | 6c.            | \$                | 255.00                      |
|     | 6d.     | Other. Spe    | ecify:                                                                                                                                               | 6d.            | \$                | 0.00                        |
| 7.  | Food    |               | ekeeping supplies                                                                                                                                    | <del></del> 7. | \$                | 450.00                      |
| 8.  |         |               | children's education costs                                                                                                                           | 8.             | \$                | 0.00                        |
| 9.  | Cloth   | ning, laund   | ry, and dry cleaning                                                                                                                                 | 9.             | \$                | 100.00                      |
| 10. | Perso   | onal care p   | products and services                                                                                                                                | 10.            | \$                | 50.00                       |
| 11. | Medi    | cal and dei   | ntal expenses                                                                                                                                        | 11.            | \$                | 50.00                       |
| 12. | Trans   | sportation.   | Include gas, maintenance, bus or train fare.                                                                                                         |                | _                 |                             |
|     | Do no   | ot include ca | ar payments.                                                                                                                                         | 12.            | ·                 | 450.00                      |
| 13. |         |               | clubs, recreation, newspapers, magazines, and books                                                                                                  | 13.            |                   | 75.00                       |
| 14. | Char    | itable cont   | ributions and religious donations                                                                                                                    | 14.            | \$                | 0.00                        |
| 15. | Insur   |               |                                                                                                                                                      |                |                   |                             |
|     |         |               | surance deducted from your pay or included in lines 4 or 20.                                                                                         | 45-            | <b>c</b>          | 0.00                        |
|     |         | Life insura   |                                                                                                                                                      | 15a.           | *                 | 0.00                        |
|     |         | Health ins    |                                                                                                                                                      | 15b.           |                   | 0.00                        |
|     |         | Vehicle ins   |                                                                                                                                                      | 15c.           |                   | 65.00                       |
| 4.0 |         |               | Irance. Specify:                                                                                                                                     | 15d.           | \$                | 0.00                        |
| 16. | Speci   |               | clude taxes deducted from your pay or included in lines 4 or 20.                                                                                     | 16.            | \$                | 0.00                        |
| 17. | •       |               | ease payments:                                                                                                                                       | _              | ·                 | 0.00                        |
|     |         |               | ents for Vehicle 1                                                                                                                                   | 17a.           | \$                | 266.00                      |
|     |         |               | ents for Vehicle 2                                                                                                                                   | 17b.           | \$                | 0.00                        |
|     |         | Other. Spe    |                                                                                                                                                      | 17c.           | \$                | 0.00                        |
|     |         | Other. Spe    | •                                                                                                                                                    | 17d.           | \$                | 0.00                        |
| 18. |         | •             | of alimony, maintenance, and support that you did not report as                                                                                      |                | ·                 |                             |
|     | dedu    | cted from     | your pay on line 5, Schedule I, Your Income (Official Form 6I).                                                                                      | 18.            | \$                | 0.00                        |
| 19. | Othe    | r payments    | s you make to support others who do not live with you.                                                                                               |                | \$                | 0.00                        |
|     | Spec    |               |                                                                                                                                                      | 19.            |                   |                             |
| 20. |         |               | erty expenses not included in lines 4 or 5 of this form or on Sche                                                                                   |                |                   |                             |
|     |         |               | s on other property                                                                                                                                  | 20a.           | · -               | 0.00                        |
|     |         | Real estat    |                                                                                                                                                      | 20b.           | · -               | 0.00                        |
|     |         |               | homeowner's, or renter's insurance                                                                                                                   | 20c.           | ·                 | 0.00                        |
|     |         |               | nce, repair, and upkeep expenses                                                                                                                     | 20d.           |                   | 0.00                        |
|     |         |               | er's association or condominium dues                                                                                                                 | 20e.           | · —               | 0.00                        |
| 21. | Othe    | r: Specify:   |                                                                                                                                                      | 21.            | +\$               | 0.00                        |
| 22  | Your    | monthly e     | xpenses. Add lines 4 through 21.                                                                                                                     | 22.            | \$                | 2,901.00                    |
|     |         |               | ir monthly expenses.                                                                                                                                 |                |                   | 2,001.00                    |
| 23. |         |               | monthly net income.                                                                                                                                  |                |                   |                             |
|     |         | -             | 12 (your combined monthly income) from Schedule I.                                                                                                   | 23a.           | \$                | 2,921.96                    |
|     |         |               | monthly expenses from line 22 above.                                                                                                                 | 23b.           | -\$               | 2,901.00                    |
|     |         | 1,,,          | , ,                                                                                                                                                  |                |                   |                             |
|     | 23c.    | Subtract y    | our monthly expenses from your monthly income.                                                                                                       |                |                   | 20.00                       |
|     |         |               | is your monthly net income.                                                                                                                          | 23c.           | \$                | 20.96                       |
| 0.4 |         |               |                                                                                                                                                      | 61. 41.        | - (               |                             |
| 24. |         |               | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your m |                |                   | se or decrease hecause of a |
|     |         |               | terms of your mortgage?                                                                                                                              | ιστιμαμε ρε    | ayment to increas | be of ucclease because of a |
|     | ■ No    |               |                                                                                                                                                      |                |                   |                             |
|     | □ Ye    |               |                                                                                                                                                      |                |                   |                             |
|     | Expla   |               |                                                                                                                                                      |                |                   |                             |

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main

B6 Declaration (Official Form 6 - Declaration). (12/07)

Document Page 25 of 42

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Michael G Kowalski                                                                  |               |                          | Case No.     |                     |
|-------|-------------------------------------------------------------------------------------|---------------|--------------------------|--------------|---------------------|
|       |                                                                                     |               | Debtor(s)                | Chapter      | 7                   |
|       |                                                                                     |               |                          |              |                     |
|       |                                                                                     |               |                          |              |                     |
|       | <b>DECLARATION (</b>                                                                | CONCERN       | NING DEBTOR'S SO         | CHEDUL       | ES                  |
|       |                                                                                     |               |                          |              |                     |
|       | DECLARATION UNDER                                                                   | PENALTY (     | OF PERJURY BY INDIV      | IDUAL DEI    | BTOR                |
|       |                                                                                     |               |                          |              |                     |
|       |                                                                                     |               |                          |              |                     |
|       |                                                                                     |               | 1.1.0                    |              |                     |
|       | I declare under penalty of perjury to sheets, and that they are true and correct to |               |                          |              | es, consisting of19 |
|       | sheets, and that they are true and correct to                                       | inc ocst of m | y knowledge, information | , and ocher. |                     |
|       |                                                                                     |               |                          |              |                     |
|       |                                                                                     |               |                          |              |                     |
| Date  | May 12, 2015                                                                        | Signature     | /s/ Michael G Kowalski   |              |                     |
|       | _                                                                                   | _             | Michael G Kowalski       |              |                     |
|       |                                                                                     |               | Debtor                   |              |                     |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 26 of 42

B7 (Official Form 7) (04/13)

## United States Bankruptcy Court Northern District of Illinois

| т     | Michael C Kewalaki |           | C N      |   |
|-------|--------------------|-----------|----------|---|
| In re | Michael G Kowalski |           | Case No. |   |
|       |                    | Debtor(s) | Chapter  | 7 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE \$15,471.99 2015 ytd income from stubs

\$52,550.58 2014 total income from pay advices \$53,933.00 2013 total income from tax returns

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

B7 (Official Form 7) (04/13)

2

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ TRANSFERS AMOUNT PAID OR VALUE OF TRANSFERS

AMOUNT STILL OWING

NAME AND ADDRESS OF CREDITOR

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER Discover v Kowalski 14 SC 6714 NATURE OF PROCEEDING Civil COURT OR AGENCY
AND LOCATION
In the Circuit Court of the 12th Judicial

STATUS OR DISPOSITION Garnishment

Circuit

Will County, Illinois

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

#### Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 28 of 42

B7 (Official Form 7) (04/13)

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY** 

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

**PROPERTY** 

#### 7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None 

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Chang & Carlin, LLP 1305 Remington Road Suite C Schaumburg, IL 60173

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 2014

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

\$950

### Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 29 of 42

B7 (Official Form 7) (04/13)

NAME AND ADDRESS OF PAYEE Credit Info Net Dayton, OH DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 2014 AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

\$179

2 years tax transcripts, credit reports, credit counseling and debtor education

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION Chase 800 Brooksedge Blvd Westerville, OH 43081 TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE Checking account close - \$0

AMOUNT AND DATE OF SALE OR CLOSING

\$0 Sept/Oct 2014

•

-9715

### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

### Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 30 of 42

B7 (Official Form 7) (04/13)

5

#### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

LOCATION OF PROPERTY

#### 15. Prior address of debtor

NAME AND ADDRESS OF OWNER

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

DESCRIPTION AND VALUE OF PROPERTY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**NAME** 

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF

GOVERNMENTAL UNIT DOCKET NUMBER

STATUS OR DISPOSITION

## Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 31 of 42

B7 (Official Form 7) (04/13)

6

#### 18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

#### DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 32 of 42

B7 (Official Form 7) (04/13)

7

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21 . Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** 

immediately preceding the commencement of this case.

TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 33 of 42

B7 (Official Form 7) (04/13)

8

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date May 12, 2015
Signature /s/ Michael G Kowalski
Michael G Kowalski
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 34 of 42

B8 (Form 8) (12/08)

## **United States Bankruptcy Court**Northern District of Illinois

|                 |                                                                                     | Northern Di             | strict or minions                            |                                  |                                  |
|-----------------|-------------------------------------------------------------------------------------|-------------------------|----------------------------------------------|----------------------------------|----------------------------------|
| In re           | Michael G Kowalski                                                                  |                         |                                              | Case No.                         |                                  |
|                 |                                                                                     |                         | Debtor(s)                                    | Chapter                          | 7                                |
|                 |                                                                                     |                         |                                              | OF DIEEN                         | TO N                             |
|                 | CHAPTER 7 INI                                                                       | DIVIDUAL DEBT           | OR'S STATEMENT                               | OF INTEN                         | TION                             |
| PART            | A - Debts secured by property of                                                    | the estate. (Part A     | must be fully complet                        | ed for <b>EAC</b>                | H debt which is secured by       |
|                 | property of the estate. Attach ac                                                   | lditional pages if ne   | ecessary.)                                   |                                  | ·                                |
| Proper          | ty No. 1                                                                            |                         |                                              |                                  |                                  |
|                 | or's Name:<br>a Federal Credit Union                                                |                         | Describe Property S<br>2009 Pontiac G6 CT    |                                  |                                  |
| Proper          | ty will be (check one):                                                             |                         |                                              |                                  |                                  |
| -               | Surrendered                                                                         | ■ Retained              |                                              |                                  |                                  |
|                 | ning the property, I intend to (check a<br>Redeem the property<br>Reaffirm the debt | at least one):          |                                              |                                  |                                  |
|                 | Other. Explain                                                                      | (for example, av        | oid lien using 11 U.S.C                      | . § 522(f)).                     |                                  |
| D               |                                                                                     |                         |                                              |                                  |                                  |
| -               | ty is (check one): Claimed as Exempt                                                |                         | ☐ Not claimed as exe                         | emnt                             |                                  |
| _               | Claimed as Exempt                                                                   |                         | 1 vot claimed as exc                         | трі                              |                                  |
|                 | <b>B</b> - Personal property subject to unex additional pages if necessary.)        | pired leases. (All thre | e columns of Part B mu                       | st be complete                   | ed for each unexpired lease.     |
| Proper          | ty No. 1                                                                            | ]                       |                                              |                                  |                                  |
| Lessor<br>-NONE | 's Name:<br>-                                                                       | Describe Leased Pr      | roperty:                                     | Lease will be U.S.C. § 365 ☐ YES | e Assumed pursuant to 11 (p)(2): |
|                 | re under penalty of perjury that the                                                |                         | intention as to any pr                       | operty of my                     | estate securing a debt and/or    |
| Date _          | May 12, 2015                                                                        | Signature               | /s/ Michael G Kowalski<br>Michael G Kowalski |                                  |                                  |

Debtor

Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 35 of 42

## United States Bankruptcy Court Northern District of Illinois

| In r  | re Michael G Kowalski                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 (01 0110111 2 13 01 101 01 111110 15                                                   | Case No.            |                            |           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------|----------------------------|-----------|
| 111 1 | IVIICIIAEI O NOWAISKI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Debtor(s)                                                                                | Case No. Chapter    | 7                          |           |
|       | DISCLOSURE OF CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OMPENSATION OF ATTORN                                                                    | NEY FOR DE          | CBTOR(S)                   |           |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy compensation paid to me within one year before be rendered on behalf of the debtor(s) in contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re the filing of the petition in bankruptcy, or                                          | r agreed to be paid | to me, for services rende  | red or to |
|       | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t                                                                                        | \$                  | 950.00                     |           |
|       | Prior to the filing of this statement I have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | received                                                                                 | \$                  | 950.00                     |           |
|       | Balance Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | \$                  | 0.00                       |           |
| 2.    | \$_335.00 of the filing fee has been paid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                     |                            |           |
| 3.    | The source of the compensation paid to me was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s:                                                                                       |                     |                            |           |
|       | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                     |                            |           |
| 4.    | The source of compensation to be paid to me is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s:                                                                                       |                     |                            |           |
|       | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                     |                            |           |
| 5.    | ■ I have not agreed to share the above-disclo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | osed compensation with any other person un                                               | aless they are mem  | bers and associates of my  | law firm. |
|       | ☐ I have agreed to share the above-disclosed copy of the agreement, together with a list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | compensation with a person or persons who of the names of the people sharing in the co   |                     |                            | īrm. A    |
| 6.    | In return for the above-disclosed fee, I have ag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | greed to render legal service for all aspects of                                         | of the bankruptcy c | ase, including:            |           |
|       | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.</li> </ul> |                                                                                          |                     |                            | firmation |
| 7.    | By agreement with the debtor(s), the above-dis<br>Representation of the debtors in a<br>other adversary proceeding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | sclosed fee does not include the following seany dischargeability actions, judicial lien |                     | ef from stay actions or    | any       |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CERTIFICATION                                                                            |                     |                            |           |
| this  | I certify that the foregoing is a complete statem bankruptcy proceeding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nent of any agreement or arrangement for pa                                              | ayment to me for re | epresentation of the debto | r(s) in   |
| Date  | ed: May 12, 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /s/ John P. Carlin                                                                       |                     |                            |           |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | John P. Carlin 62772                                                                     |                     |                            | -         |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Chang & Carlin, LLP<br>1305 Remington Roa                                                |                     |                            |           |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Suite C                                                                                  |                     |                            |           |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Schaumburg, IL 601                                                                       |                     |                            |           |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 847-843-8600 Fax:<br>contactus@changan                                                   |                     |                            |           |

#### 

## ATTORNEYS AT LAW

| Secured Debts   | Unsecured Debts            | Non-Dischargeable    |
|-----------------|----------------------------|----------------------|
| RE 1:           |                            | Taxes: \$ 2,000      |
| RE 2:           |                            | Student loans: title |
| Car 1: \$10,000 | 시대 그 그 그 보고 하는데 그 글에게 된다다. | Gov't fines:         |
| Car 2:          | 532,000                    | Child support:       |
| Other:          |                            | NSF:                 |
|                 |                            | Other:               |
|                 |                            |                      |
|                 |                            | <u> </u>             |

| ATTORNEYS FEES        |              | CHAPTER 7                                      | CHAPTER                                              | *13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------|--------------|------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Attorney Fee          |              | s 950                                          | 8                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Due Diligence Fee     |              | s /7C/                                         | S S                                                  | Production of the Community of the Commu |
| Court Filing Fee.     |              | 8 <u> みるよ</u>                                  | \$                                                   | nde 10 metrie Bereit (* 1910) en kan de 1917 († 1914)<br>18 maart - Hanne Barrier († 1914) en kan de 1918 († 1918)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Total Fée             |              | <u> </u>                                       | <u> </u>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Today you paid us \$_ | loo .        | _ as your retain                               | er fee. You agree to pa                              | y your balance of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u> </u>              | _in Ønstalli | ments of S <u>22</u>                           | before                                               | 12 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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You are retaining Chang & Carlin, LLP (herein referred to as Law Office) to prepare and file a petition for bankruptcy on your behalf and to represent you in this matter. 1.) The services that are included in this matter include, pre-filing advice, advice during the case concerning the nature and effect of the Bankruptcy Code; preparation and filing of the petition, representation at the meeting of creditors; submitting information pursuant to request from the trustee and other routine services not specifically stated. Additional fees will be charged for failure to appear at your creditors meeting (\$150); redemption motions pursuant to section 722 (\$600); and motions to avoid lien (\$300). As case information is discovered and analyzed the fee and advice may change 2.) You agree that you will fully disclose all of your assets, debts, and all financial information and understand that it is a federal crime to omit information from your bankruptcy petition. 3.) If you decide to discontinue our services at any time, you would be entitled to a refund of uncarned fees. In that event, you will be billed at an hourly rate of \$200/hour and all cancellation or discontinuation of services must be expressed in writing. 4.) Client agrees that the signature on this contract also grants a limited power of attorney to "Law Office" to obtain any and all documents that are necessary for the filling of this case. 5.) No Bankruptcy will be filled without: full payment of fees and costs, complete disclosure of information, and your review and signature of your entire bankruptcy petition. 6.) Clients will be charged a non-refundable \$25 fee for returned checks. 7.) Client authorizes Chang & Carlin to hire co-counsel or independent attorneys as needed, at Chang & Carlin's expense to work on this matter and divide fees with them on the basis of work. Client authorizes Law Office to have attorneys within the firm or outside counsel to review clients' file to explore other potential causes of actions client may have. 8.) All fees are "ad

You further state and agree as follows:

Chang & Carlin, LL

MFI have been advised by my attorney(s) that I am required to complete a credit counseling course prior to filing my case.

ME I have been advised by my attorney(s) that I am required to complete the debt management course as required by the US Trustee's office.

I have been advised by my attorney(s) that I am required to provide copies of the documents: my filed tax return, for the most recent year in which I was required to file a return; proof of all my income for the 6 months prior to the date my bankruptcy case is filed; a government issued photo ID; and proof of my social security number.

I have been advised by my attorney(s) that I am not required to hire an attorney to file a bankruptcy and that I choose to do so voluntarily.

I have been advised by my attorney(s) that if my gross income is greater than the state median income, that I may be required to file for relief under Chapter 13 bankruptcy.

I have been advised by my attorney that he is a debt relief agency helping people file for bankruptcy relief under the U.S. bankruptcy code and that all cases are subject to an audit, whereby the client(s) may be required to provide additional information.

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Date

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

## Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 38 of 42

Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy forms.html#procedure.

Entered 05/12/15 15:49:05 Desc Main Case 15-16883 Doc 1 Filed 05/12/15 Page 39 of 42 Document

B 201A (Form 201A) (6/14)

B 201B (Form 201B) (12/09)

## **United States Bankruptcy Court**

|                     |                                                                  | District of Illinois                        |                    |                    |              |
|---------------------|------------------------------------------------------------------|---------------------------------------------|--------------------|--------------------|--------------|
| In re               | Michael G Kowalski                                               |                                             | Case No.           |                    |              |
|                     |                                                                  | Debtor(s)                                   | Chapter            | 7                  |              |
|                     | CERTIFICATION OF NOT UNDER § 342(b) OF                           |                                             |                    | R(S)               |              |
| Code.               | Certific I (We), the debtor(s), affirm that I (we) have received | ation of Debtor<br>and read the attached no | otice, as required | by § 342(b) of the | e Bankruptcy |
| Michae              | el G Kowalski                                                    | X /s/ Michael G K                           | owalski            | May 12,            | , 2015       |
| Printed             | l Name(s) of Debtor(s)                                           | Signature of De                             | ebtor              | Date               |              |
| Case No. (if known) |                                                                  | X                                           |                    |                    |              |
|                     |                                                                  | Signature of Jo                             | int Debtor (if any | ) Date             |              |
|                     |                                                                  |                                             |                    |                    |              |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

## Case 15-16883 Doc 1 Filed 05/12/15 Entered 05/12/15 15:49:05 Desc Main Document Page 40 of 42

## United States Bankruptcy Court Northern District of Illinois

|       |                                            | Northern District of Hillnois                |                             |                |
|-------|--------------------------------------------|----------------------------------------------|-----------------------------|----------------|
| In re | Michael G Kowalski                         |                                              | Case No.                    |                |
|       |                                            | Debtor(s)                                    | Chapter 7                   |                |
|       | VE                                         | RIFICATION OF CREDITOR M                     | <b>IATRIX</b>               |                |
|       |                                            | Number of                                    | Creditors:                  | 16             |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit      | tors is true and correct to | the best of my |
| Date: | May 12, 2015                               | /s/ Michael G Kowalski<br>Michael G Kowalski |                             |                |

Americredit P.O. Box 78143 Phoenix, AZ 85062

Cap1/bstby

Capital 1 Bank Attn: General Correspondence Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Cash Store 1701 N Larkin Ave #901 Crest Hill, IL 60403

Chase Card Po Box 15298 Wilmington, DE 19850

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

Gm Financial Po Box 181145 Arlington, TX 76096

Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477

Kinecta Federal Credit Union Attn: Bankruptcy Po Box 10003 Manhattan Beach, CA 90266 Onemain Po Box 499 Hanover, MD 21076

Onemain Fi Po Box 499 Hanover, MD 21076

Presence Saint Joseph Medical Cente 333 N Madison Joliet, IL 60435

Southwest Infectious Disease 1051 Essington Rd Suite 210 Joliet, IL 60435

Stellar Recovery Inc 4500 Salisbury Rd Ste 10 Jacksonville, FL 32216

Weltman Weinberg & Reis 180 N. LaSalle St. Suite 2400 Chicago, IL 60601